OFFURIOR SPECIAL TRAFFIC CRASH	Lo	CAL REPORT NUMBER	*					
PHOTOS TAKEN OH-2 OH-3		$2 \cdot 0 \cdot 2 \cdot 2 \cdot 2 \cdot - \cdot 0 \cdot 0 \cdot 0 \cdot 0 \cdot 8 \cdot 3 \cdot 9 \cdot 5 \cdot $						
SECONDARY CRASH OH-1P OTHER	REPORTING AGENCY NAME*	/ Hillia		NCIC*	HIT/SKIP NUMBER OF UNITS UNIT IN ERROR 1 - SOLVED 98 - ANIM/			
PRIVATE PROPERTY	City of Kent Police	2	1016	5 7 0 3	1 2 - UNSOLVED	0 2 0	2 99 - UNKNOWN	
1 - CITY	Y, VILLAGE, TOWNSHIP*				CRASH DATE / TI	1 ہے	ASH SEVERITY - FATAL	
LO / / L 3-TOWNSHIP ACTION	LOCATION ROAD NAME	MANAGEMENT OF THE PROPERTY OF THE PARTY OF T		ROAD TYPE	10151214121012121/		- SERIOUS INJURY SUSPECTED	
S-SOUTH 3 E-EAST	SUMMIT			$\mathbf{S}_{\perp}\mathbf{T}_{\perp}$	4 ₁ 1 _{a} 1 5 0	3	- MINOR INJURY SUSPECTED	
B ROUTETYPE ROUTE NUMBER PREFIX N-NORTH	REFERENCE ROAD NAME (ROAD	, MILEPOST, HOUSE	#)	ROAD TYPE	LONGITUDE DEC		- INJURY POSSIBLE	
S-SOUTH E-EAST W-WEST	WATER			$\mathbf{S} \cdot \mathbf{T}$	- - [8 ₁ 1 _{]e} [3 ₁ 5 ₁ 8 ₁	1 . 9 . 3	- PROPERTY DAMAGE	
REFERENCE POINT DIRECTION FROM REFERENCE	ROUTE TYPE	ROA	O TYPE			NTERSECTION RELATE		
1-INTERSECTION N-NORTH IR		ALLEY HW-F		D - ROAD Q - SQUARE	X WITHIN INTER	SECTION OR ON APPRO	ACH 1	
3-HOUSE # E-EAST	- STATE ROUTE BL	BOULEVARD MP-N	MILEPOST S	T - STREET	WITHIN INTER	CHANGE AREA NUI	MBER OF APPROACHES	
DISTANCE DISTANCE CR	- NUMBERED COUNTY ROUTE I	R - CIRCLE OV - C F - COURT PK - F		E - TERRACE L - TRAIL		ROADWAY		
1 5 2-FEET	ROUTE	R - DRIVE PI - F E - HEIGHTS PL - F	PIKE W PLACE	VA - WAY	ROADWAY DIVI	(DED		
LOCATION OF FIRST HARMFUL EVE		NNER OF CRASH COL		CT	DIRECTION OF TRAVEL	MEDI	AN TYPE	
1 - ON ROADWAY 9 - CROSSOVE	R 1 - NOT	T COLLISION 4-REA	AR-TO-REAR		N - NORTH	1 - DIVIDED	FLUSH MEDIAN	
1.10.1.1.	TW	TWEEN 5-BAC O MOTOR HICLES IN 6-ANC			S-SOUTH E-EAST		FLUSH MEDIAN	
4 - ON ROADSIDE 12- SHARED U 5 - ON GORE TRAILS	l l		DESWIPE, SAME DESWIPE, OPPO		W-WEST	(≥4 FEE 3 - DIVIDED	T) DEPRESSED MEDIAN	
6-OUTSIDETRAFFIC WAY 13-BIKE LAN	E 3-HE		HER / UNKNOV			4 - DIVIDED (ANY TY	RAISED MEDIAN PE)	
7 - ON RAMP 14-10LL BOU 8 - OFF RAMP 99-OTHER/U	i					9 - OTHER/U	NKNOWN	
WORK ZONE RELATED	WORK ZONE TYPE	LOCATION OF			CONTOUR	CONDITIONS	SURFACE	
F	- LANE CLOSURE - LANE SHIFT/CRÖSSOVER	WAR	ORE THE 1ST \ RNING SIGN		_1	_1_	_2_	
LAW ENFORCEMENT PRESENT 3	-WORK ON SHOULDER OR MEDIAN	1	ANCE WARNIN			1 - STRAIGHT LEVEL 1 - DRY 1 - CON 2 - STRAIGHT GRADE 2 - WET 2 - BLA		
1 p	- INTERMITTENT OR MOVING WOR - OTHER	· 1	IVITY AREA MINATION AR	EΛ		3 - SNOW	BITUMINOUS, ASPHALT	
Date			MINATIONAN		4 - CURVE GRADE 4 - ICE 3 - BRICK/BI			
LIGHT CONDITION 1 - DAYLIGHT	1 - CLEAR	HER 6 - SNOW			9 - OTHER/UNKNOWN	5 - SAND, MUD, DIRT, OIL, GRAVEL	4 - SLAG, GRAVEL, STONE	
2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY	0 2 2-CLOUDY	7 - SEVERE CROS		r. snow		6-WATER (STANDING, MOVING)	5 - DIRT	
4 - DARK – ROADWAY NOT LIGHTED	4 - RAIN	9 - FREEZING RA	AIN OR FREEZ			7 - SLUSH	9 - OTHER/UNKNOWN	
5 - DARK UNKNOWN ROADWAY LIGHTIN 9 - OTHER / UNKNOWN	G 5 - SLEET, HAIL	99 - OTHER / UNK	KWOWN			9 - OTHER/UNKNOWN		
NARRATIVE					-7	1	Indicate the north	
UNIT 1 WAS STOPPED IN T	TRAFFIC ON E.	***************************************				A	an "N" on the compass diagram.	
SUMMIT ST., PREPARING	TO MAKE A RIG	НГ				Luummun		
TURN ONTO S. WATER ST						(rew N m)D		
TRAVELING WESTBOUN		ST.		5. WATER	·			
APPROACHING THE INT	ERSECTION. UNI	T 2			<i>3</i>	C		
FAILED TO MAINTAIN A	N ASSURED CLEA	AR .						
DISTANCE AHEAD OF TH						Not To Scale		
STRUCK/REAR-ENDED U	UNIT 1.	***************************************						
***************************************		······································						
***************************************		***************************************						
	***************************************				I M 11	1		
CRASH REPORTED DATE / TIME	DISPATCH DATE / TIME	ARRIVA	AL DATE / TIM	E	SCENE CLEARED	I .	REPORT TAKEN BY	
$\begin{bmatrix} 0,5 \end{bmatrix} 2 \begin{bmatrix} 4 \end{bmatrix} 2 \begin{bmatrix} 0 \end{bmatrix} 2 \begin{bmatrix} 2 \end{bmatrix} 2 \begin{bmatrix} 1 \end{bmatrix} \begin{bmatrix} 1 \end{bmatrix} 5 \begin{bmatrix} 4 \end{bmatrix} 9 \begin{bmatrix} 0 \end{bmatrix} 5 \begin{bmatrix} 1 \end{bmatrix}$	2,4,2,0,2,2,/,1,5,5,0	0,5,2,4,2,	0 2 2 /	1 6 0 0 0	0 5 2 4 2 0 2	$2_{\perp}/_{\perp}1_{\perp}6_{\perp}2_{\perp}9_{\perp}$	POLICE AGENCY	
TOTAL TIME OTHER TO	TAL OFFICER'S NAME*		[(Снескев ву ОБ	FICER'S NAME*		MOTORIST SUPPLEMENT	
	Dowell, barea	BADGE NUMBER*		Bowen,	D BY OFFICER'S BADGE	NUMBER*	(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODP	
0 0 0 0 3 0 0				2 1 1	4			

LOCAL REPORT NUMBER

 $2 \cdot 0 \cdot 2 \cdot 2 \cdot 2 \cdot - \cdot 0 \cdot 0 \cdot 0 \cdot 0 \cdot 8 \cdot 3 \cdot 9 \cdot 5 \cdot$

	OWNER NAME: LAST, FIRST	_	- make the property of the second	OWNER PHONE: INCLU	DE AREA CODE (X SAME AS DRIVER)		AMAGE		
	WHITE, MAKENNA DRESS: street, city, state, :			DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE					
424 COLI	LEGE AVE ,Kent ,O	H 44240				2 - MINOR DAMAGE 4 - DISABLING DAMAGE			
COMMERC	IAL CARRIER: NAME, ADDRE	ESS, CITY, STATE, ZIP		COMMERCIAL CARRIER	PHONE: INCLUDE AREA CODE	9 - UNKNOWN DAMAGED AREA(S)			
LP STATE	LICENSE PLATE#	VEHICLE	IDENTIFICATION #	VEHICLE YEA	AR VEHICLE MAKE		E ALL THAT APPLY		
OH	HUE3798		N ₁ 1 ₁ 9 ₁ W ₁ 2 ₁ 4 ₁ 7 ₁ 0			11 12 1	11 12		
INSURAN VERIFIE	INSURANCE COMPA		SURANCE POLICY # 280237A0335	BLU	VEHICLE MODEL FOCUS	10 12 2	10 12 2		
	TYPE OF USE		US DOT #	TOWED BY: COMPANY		10 2	10.02.2		
COMME	RCIAL GOVERNMENT	IN EMERGENCY RESPONSE	TO E WETCHE ANNUA (SEUT)	HAZARDO	US MATERIAL	$9 \qquad \qquad 9 \qquad \qquad 3 \qquad \qquad 3$	$9 \qquad \frac{9}{8} \qquad \frac{3}{4} \qquad \frac{3}{4}$		
INTERL DEVICE	OCK HIT/SKIP UNIT	#UCCUPANTS	ICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS.	MATERIAL (CLASS # PLACARD ID #	B 7 6 4	8 7 6 5 4		
EQUIPP	SED LITTIONE SILL	0,1	2 - 10,001 - 26K LBS 3 - >26K LBS.	PLACARD (7 6 5	12 7 6 6		
	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN)			18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS)	23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE)	10	12		
1011	3 - SDORT HTH ITV VEHICLE			20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST	-	16 2		
UNIT TYPE	4 - PICK UP 5 - CARGO VAN	10 - MOPED OR MOTORIZED Bicycle		21 - HEAVY EQUIPMENT 22 - Animal with Rider or	26-BICYCLE 27-TRAIN	9	9 3 3		
		11 - ALL TERRAIN VEHICLE (ATV / UTV)	17 - MOTORHOME	ANIMAL-DRAWN VEHICLE	99 - UNKNOWN OR HIT/SKIP	8	7 3 6 4		
<u> </u>	# of TRAILING UNITS	(41 A 5 A 1 A 1				11 12 7	6 11 12 1		
	WAS VEHICLE OPERATING IN AUT			3 - CONDITIONAL AUTOMATION	9 - UNKNOWN	10 11 12 2	10 12 2		
1 1	MODE WHEN CRASH OCCURRED? 1-YES 2-NO 9-OTHER/UNKN	1 U 1		4 - HIGH AUTOMATION 5 - FULL AUTOMATION		10 2 2	10 2		
		MODE LEVEL			O) AMAII CADDIED	$9 \qquad \qquad \boxed{9 \qquad \qquad 3 \qquad \qquad 3}$	9 3		
		6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY		16-FARM 17-MOWING	21 - MAIL CARRIER 99 - OTHER / UNKNOWN	8 7 5 4	8 7 1 8 4		
SPECIAL	3 - ELECTRONIC RIDE SHARING		13 - POLICE	18 - SNOW REMOVAL		7 6 5	7 6 5		
	4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	9 - BUS - OTHER 10 - AMBULANCE	14-PUBLIC UTILITY 15-CONSTRUCTION EQUIPMENT	19 · TOWING 20 - SAFETY SERVICE PATROL		, v			
		3 - VEHICLE TOWING ANOTHER		8 - POLE	12-CONCRETE MIXER	12	12 12 12		
CARGO	/ NOT APPLICABLE 2 - BUS	MOTOR VEHICLE 4 - LOGGING	CHASSIS 6 - CARGO VAN/ENCLOSED BOX	9 - CARGOTANK	13 - AUTO TRANSPORTER	ر ملکم م			
BODY Type			7 - GRAIN/CHIPS/GRAVEL	10-FLAT BED 11-DUMP	14-GARBAGE/REFUSE 99-OTHER/UNKNOWN	9 () 9	3 9 1 3 9 3 3		
1 1 1	1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICKTIRES	9 - MOTORTROUBLE	99-OTHER/UNKNOWN	6			
VEHICLE	2 - HEAD LAMPS 3 - TAIL LAMPS	5 - STEERING 6 - TIRE BLOWOUT	8 - TRAILER EQUIPMENT Defective	10 - DISABLED FROM PRIOR ACCIDENT		ı	6 6 6		
- FEI EU13					10 FIRST PERPARETS	□-NO DAMAGE [O] UNDERCARRIAGE [14]		
	CROSSWALK	3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED	6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE	9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS	AT INCIDENT SCENE	□-TOP [13]	-ALL AREAS [15]		
LOCATION	7 2 - INTERSECTION – UNMARKED CROSSWALK	CROSSWALK 5 - TRAVEL LANE OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR Trails	99 - OTHER / UNKNOWN	 	NOT AT SCENE [16]		
AT IMPACT	1 - NON-CONTACT	1 - STRAIGHT AHEAD	7 - MAKING U-TURN	13 - NEGOTIATING A CURVE	18 - APPROACHING				
. 4	2 - NON-COLLISION	2 - BACKING	8 - ENTERING TRAFFIC LANE	14 - ENTERING OR CROSSING	OR LEAVING VEHICLE	INITIAI 0 - NO DAMAG	. Point of contact E 14 - undercarriage		
	3-STRIKING LILL 4-STRUCK PRE-CRASH	3 - CHANGING LANES 4 - OVERTAKING/PASSING	9 - LEAVING TRAFFIC LANE 10-PARKED	SPECIFIED LOCATION 15 - WALKING, RUNNING,	19-STANDING 20-OTHER NON-MOTORIST		O UNIT 15-VEHICLE NOT AT SCENE		
	5 - BOTH STRIKING ACTIONS	5 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED	JOGGING, PLAYING 16 - WORKING	21 - STANDING OUTSIDE DISABLED VEHICLE	DIAGRA 13 - TOP	99 - UNKNOWN		
	& STRUCK 9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	IN TRAFFIC 12-driverless	17 - PUSHING VEHICLE	99-OTHER/UNKNOWN		TRAFFIC		
	1 - NONE	7-LEFT OF CENTER	13-IMPROPER START FROM A	17 - VISION OBSTRUCTION	21 - LYING IN ROADWAY	TRAFFICWAY FLOW	TRAFFIC CONTROL		
	2 - FAILURE TO YIELD 3 - RAN RED LIGHT	8-FOLLOWING TOO CLOSE / ACD 9-IMPROPER LANE CHANGE	A PARKED POSITION 14-STOPPED OR PARKED	18-OPERATING DEFECTIVE EQUIPMENT	22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO	1 - ONE-WAY	1 - ROUNDABOUT 4 - STOP SIGN		
0 1	4 - RAN STOP SIGN	10-IMPROPER PASSING	ILLEGALLY 15 - SWERVING TO AVOID	19 - LOAD SHIFTING/FALLING/ SPILLING	ROADWAY	2 - TW0-WAY	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL		
G CIRCUMSTANCE	G 5 - UNSAFE SPEED 6 - IMPROPERTURN	11 - DROVE OFF ROAD 12 - IMPROPER BACKING	16 - WRONG WAY	20 - IMPROPER CROSSING	99 - OTHER IMPROPER ACTION	# of through lanes	RAIL GRADE CROSSING		
CIRCUMSTANCE SEQUENCI	E OF EVENTS	AE-INIT NOTER DAORING				ON ROAD	1 - NOT INVOLVED		
	1 OVERTURNISM LOVER	6 - FAIRIDMENT CAN HOC	NON-COLLISION 11-CROSS CENTERLINE —	16 - RAILWAY VEHICLE	22 - WORK ZONE MAINTENANCE		2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING		
1 2 0	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION	6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS	OPPOSITE DIRECTION OF TRAVEL	17 - ANIMAL — FARM	EQUIPMENT		N-MOTORIST DIRECTION		
21 1	3 - IMMERSION	8 - RAN OFF ROAD RIGHT	12-DOWNHILL RUNAWAY	18 - ANIMAL DEER 19 - ANIMAL OTHER	23-STRUCK BY FALLING, SHIFTING CARGO OR	UNII / NUI	1 - NORTH 5 - NORTHEAST		
4\	J 4 - JACKKNIFE 5 - CARGO / EQUIPMENT	9 - RAN OFF ROAD LEFT 10 - Cross Median	13-OTHER NON-COLLISION 14-Pedestrian	20 - MOTOR VEHICLE IN TRANSPORT	ANYTHING SET IN MOTION By a motor vehicle	FROM 1 3 1 TO 1	2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST		
31	LOSS OR SHIFT		15-PEDALCYCLE	21 - PARKED MOTOR VEHICLE	24-OTHER MOVABLE OBJECT	FROM 5 TO L	4 - WEST 8 - SOUTHWEST		
	25 - IMPACT ATTENUATOR	COLLISIO 31-GUARDRAIL END	ON WITH FIXED OBJECT 37-TRAFFIC SIGN POST	T - STRUCK 43-CURB	50 - WORK ZONE MAINTENANCE	#149 miles	9 - OTHER / UNKNOWN		
41	/ CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARRIER	38-OVERHEAD SIGN POST	44 - DITCH	EQUIPMENT 51 - WALL	UNIT SPEED	DETECTED SPEED		
51 1	STRUCTURE	33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL	39-LIGHT/LUMINARIES SUPPORT	45 - EMBANKMENT 46 - FENCE	52 - BUILDING	0 0 0 0	1 - STATED / ESTIMATED SPEED		
	27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	F BARRIER 35 - MEDIAN CONCRETE	40 - UTILITY POLE 41 - OTHER POST, POLE	47 - MAILBOX 48 - TREE	53 - TUNNEL 54 - Other fixed object		2 - CALCULATED / EDR		
6	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	BARRIER 36-MEDIAN OTHER BARRIER	OR SUPPORT 42 - CULVERT	49 - FIRE HYDRANT	99 - OTHER / UNKNOWN	POSTED SPEED	3 - UNDETERMINED		
, 1	JU-GUAKUKAIL PACE	1	42-CULVERI		•	3 5			

OHIO DEPARTMENT
OF PUBLIC SAFETY
OAFLY - SERVICE - PROTECTION LOCAL REPORT NUMBER 2 + 0 + 2 + 2 + - + 0 + 0 + 0 + 0 + 8 + 3 + 9 + 5 +OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) OWNER PHONE: INCLUDE AREA CODE (X) SAME AS DRIVER DAMAGE MEDICAL SERVICES DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE OWNER ADDRESS: STREET, CITY, STATE, ZIP (X SAME AS DRIVER) □ 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 5908 MAYFAIR RD , NORTH CANTON , OH 44720 9 - UNKNOWN COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP DAMAGED AREA(S) INDICATE ALL THAT APPLY **VEHICLE IDENTIFICATION #** VEHICLE MAKE VEHICLE YEAR LP STATE LICENSE PLATE # 1 1 F T B W 3 X 8 0 M K A 9 1 1 7 0 6 12 + 0 + 2 + 1 +Ford PLE2589 $O \mid H$ INSURANCE POLICY # COLOR VEHICLE MODEL INSURANCE COMPANY INSURANCE VERIFIED BLU PHARMACISTS MUTUAL CAM0002369 TRANSIT TYPE OF USE US DOT # TOWED BY: COMPANY NAME COMMERCIAL GOVERNMENT HAZARDOUS MATERIAL VEHICLE WEIGHT GVWR/GCWR #OCCUPANTS INTERLOCK CLASS # PLACARD ID # 1 - ≤10K LBS. DEVICE THIT/SKIP UNIT 2 - 10,001 - 26K LBS PLACARD 0 1 2 1 3 - >26K LBS. 7 - MOTORCYCLE 2-WHEELED 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER 1 - PASSENGER CAR 12 - GOLF CART 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 24 - WHEELCHAIR (ANY TYPE) 13-SNOWMOBILE 19-BUS (16+ PASSENGERS) 0 15 3 - SPORT UTILITY VEHICLE 20-OTHER VEHICLE 25 - OTHER NON-MOTORIST 9 - AUTOCYCLE 14-SINGLE UNIT TRUCK UNIT TYPE 4 - PICK UP 10 - MOPED OR MOTORIZED 21 - HEAVY EQUIPMENT 26 - BICYCLE 15 - SEMI-TRACTOR **BICYCLE** 5 - CARGO VAN 16-FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR 27 - TRAIN 11 - ALL TERRAIN VEHICLE ANIMAL-DRAWN VEHICLE 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP 6 - VAN (9-15 SEATS) (ATV/UTV) # OF TRAILING UNITS WAS VEHICLE OPERATING IN AUTONOMOUS 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN MODE WHEN CRASH OCCURRED? 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 0 I 1-YES 2-NO 9-OTHER/UNKNOWN 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION AUTONOMOUS MODE LEVEL 6 - BUS - CHARTER/TOUR 16-FARM 21 - MAIL CARRIER 1 - NONE 11-FIRE 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99-OTHER/UNKNOWN 10 + 1 +SPECIAL 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13-POLICE 18 - SNOW REMOVAL FUNCTION 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19-TOWING 15 - CONSTRUCTION EQUIPMENT 20 - SAFETY SERVICE PATROL 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 1 - NO CARGO BODY TYPE 3 - VEHICLE TOWING ANOTHER 5 - INTERMODAL CONTAINER 8 - POLE 12 - CONCRETE MIXER O 1 CARGO / NOT APPLICABLE MOTOR VEHICLE CHASSIS 9 - CARGOTANK 13 - AUTO TRANSPORTER 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 2 - BUS 10-FLAT BED 14 - GARRAGE/REFUSE BODY 7 - GRAIN/CHIPS/GRAVEL 11-DUMP 99-OTHER/UNKNOWN 1 - TURN SIGNALS 7 - WORN OR SLICK TIRES 9 - MOTORTROUBLE 99-OTHER/UNKNOWN 4 - BRAKES VEHICLE 2 HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT 10-DISABLED FROM PRIOR DEFECTIVE ACCIDENT DEFECTS 3 - TAIL LAMPS 6 - TIRE BLOWOUT - NO DAMAGE [0] - UNDERCARRIAGE [14] 1 - INTERSECTION - MARKED 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12-FIRST RESPONDER CROSSWALK AT INCIDENT SCENE ☐-TOP [13] - ALL AREAS [15] 4 - MIDBLOCK - MARKED 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS NON-MOTORIST 2-INTERSECTION - UNMARKED 99-OTHER/UNKNOWN CROSSWALK 11 - SHARED USE PATHS OR 8 - SIDEWALK LOCATION CROSSWALK - UNIT NOT AT SCENE [161 5 - TRAVEL LANE - OTHER LOCATION TRAILS 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18-APPROACHING 1 - NON-CONTACT INITIAL POINT OF CONTACT OR LEAVING VEHICLE 14 - ENTERING OR CROSSING 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 0 - NO DAMAGE 14 - UNDERCARRIAGE 3 0 1 1 3 - CHANGING LANES SPECIFIED LOCATION 19-STANDING __ 3-STRIKING 9 - LEAVING TRAFFIC LANE 1-12 - REFERTO UNIT 15 - VEHICLE NOT AT SCENE 15 - WALKING, RUNNING, 20 - OTHER NON-MOTORIST ACTION 4- STRUCK PRE-CRASH 4 - OVERTAKING/PASSING 10-PARKED DIAGRAM JOGGING, PLAYING 99 - UNKNOWN 5 - BOTH STRIKING ACTIONS 5 - MAKING RIGHT TURN 21 - STANDING OUTSIDE 11-SLOWING OR STOPPED 13 - TOP 16 - WORKING DISABLED VEHICLE & STRUCK IN TRAFFIC 6 - MAKING LEFT TURN 17 - PUSHING VEHICLE 99-OTHER/UNKNOWN 12-DRIVERLESS 9-OTHER/UNKNOWN TRAFFIC 1-NONE 7-LEFT OF CENTER 13-IMPROPER START FROM A 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY TRAFFICWAY FLOW TRAFFIC CONTROL PARKED POSITION 18-OPERATING DEFECTIVE 22 - NOT DISCERNIBLE 8 - FOLLOWING TOO CLOSE / ACDA 2 - FAIL URE TO YIELD 1 - ROUNDABOUT 4 - STOP SIGN 1 - ONE-WAY 14-STOPPED OR PARKED EQUIPMENT 3 - RAN RED LIGHT 9-IMPROPER LANE CHANGE 23-OPENING DOOR INTO 2 - TWO-WAY 2 - SIGNAL 5 - YIELD SIGN 0 | 8 | ILLEGALLY 19 - LOAD SHIFTING/FALLING/ ROADWAY 4 - RAN STOP SIGN 10-IMPROPER PASSING 3 - FLASHER 6 - NO CONTROL 15. SWERVING TO AVOID CIRCUMSTANCES 5 - UNSAFE SPEED SPILLING 99-OTHER IMPROPER ACTION 11 - DROVE OFF ROAD 16 - WRONG WAY 20 - IMPROPER CROSSING # of THROUGH LANES RAIL GRADE CROSSING 6-IMPROPERTURN 12 - IMPROPER BACKING ON ROAD 1 - NOT INVOLVED SEQUENCE OF EVENTS 2 - INVOLVED-ACTIVE CROSSING NON-COLLISION 1 2 0 1 - OVERTURN/ROLLOVER 3 - INVOLVED-PASSIVE CROSSING

UNIT/N	ом-мот	ORIST	DIREC	HOIT
		1-	NORTH	5 - 1

5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST FROM 3 TO L 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST

9 - OTHER / UNKNOWN

UNIT SPEED	DETECTED SPEED
0 0 4	1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR
POSTED SPEED	3 - UNDETERMINED
3 5	

2 - FIRE/EXPLOSION

5 - CARGO / EQUIPMENT

25-IMPACT ATTENUATOR

/ CRASH CUSHION

26 - BRIDGE OVERHEAD

27 - BRIDGE PIER OR ABUTMENT

J FIRST HARMFUL EVENT

STRUCTURE

28 - BRIDGE PARAPET

30-GUARDRAIL FACE

29 - BRIDGE RAIL

LOSS OR SHIFT

3 - IMMERSION

J 4 - JACKKNIFE

6 - EQUIPMENT FAILURE

7 - SEPARATION OF UNITS

8 - RAN OFF ROAD RIGHT

9 - RAN OFF ROAD LEFT

10-CROSS MEDIAN

31 - GUARDRAIL END

32 - PORTABLE BARRIER

34 - MEDIAN GUARDRAIL

35 - MEDIAN CONCRETE

BARRIER

BARRIER

33 - MEDIAN CABLE BARRIER

36 - MEDIAN OTHER BARRIER

11-CROSS CENTERLINE -OPPOSITE DIRECTION OF

12-DOWNHILL RUNAWAY

37 - TRAFFIC SIGN POST

38-OVERHEAD SIGN POST

39-LIGHT/LUMINARIES

SUPPORT

40 - UTILITY POLE

41 - OTHER POST, POLE

OR SUPPORT

42 - CUI VERT

MOST HARMFUL EVENT

14-PEDESTRIAN

15-PEDALCYCLE

13-OTHER NON-COLLISION

COLLISION WITH FIXED OBJECT - STRUCK

16 - RAILWAY VEHICLE

17 - ANIMAL - FARM

18-ANIMAL - DEER

19-ANIMAL - OTHER

20 - MOTOR VEHICLE IN

21 - PARKED MOTOR VEHICLE

TRANSPORT

45 - EMBANKMENT

49 - FIRE HYDRANT

43-CURB

44 - DITCH

46-FENCE

48-TREE

47 - MATEROX

22 - WORK ZONE MAINTENANCE EQUIPMENT

23 - STRUCK BY FALLING.

SHIFTING CARGO OR

BY A MOTOR VEHICLE

24-OTHER MOVABLE OBJECT

50 - WORK ZONE MAINTENANCE EQUIPMENT

54-OTHER FIXED OBJECT

99-OTHER/UNKNOWN

51 - WALL

52-BUILDING

53-TUNNEL

ANYTHING SET IN MOTION

ONE OF PUBLIC SAFETY MOTORIST / NON-MOTORIST								LOCAL REPORT NUMBER							
S OF THE PARTY IN								$2 + 0 + 2 + 2 + 2 + - + 0 + 0 + 0 + 0 + 8 + 3 + 9 + 5 + \dots$							
UNIT#	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER						
0,1	WHITE, MAKENNA, M								0 1 1 6 / 2 0 0 2 2 F						
□	STREET, CITY, STAT	E,ZIP GE AVE ,Kent ,OI	T 442	4 0					CONTACT PI	HONE - INCLUDE AREA C	0DE				
INJURIES		MS AGENCY (NAME)	1 444		LVCH TO. N	MEDICAL FACILITY	11445 ATTY	SAFETY EQUIPMENT	<u>L</u>	SEATING DOCUTION	M Ath pag	USAGE EJECTION	TRAPPED		
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<u> </u>	OPERATOR LIC	ENSE NUMBER		OFFENSI	E CHARG	iED [LOCAL	OFFENSE DESC			CITAT	ION NUMBER			
OL STATE OL OL H							CODE								
OL CLASS	ENDORSEMENT SELECT UPTO 2	RESTRICTION SELECT UP	TO3 DRIV		ALCOH	IOL / DRUG SUSPE	CTED	CONDITION	ALCO STATUS TYP	HOLTEST PE VALUE		DRUG TEST(S Type Result	SELECT UPTO 4		
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4					LI OTH	IER DRUG				DATE OF BIRTH			LOENDED		
UNIT #	NAME: LAST, FII	•							0.6/		0.77	AGE O 4 2	GENDER M		
	STREET, CITY, STAT	N, ADAM, M							CONTACT P	0 5 / 1 HONE - INCLUDE AREA		9 4 4	L IVI		
5908		R RD ,NORTH C	ANTO	ON .O	H 44	720			COMINGIA	TIONE - INGLODE AREA	CODE				
INJURIES	INJURED E	MS AGENCY (NAME)	4 8 1 1 2 1			MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	L	SEATING POSITIO	N AIR BAG	USAGE EJECTION	TRAPPED		
ADDRESS: 5908 I INJURIES 5	TAKEN BY							USED 0 4	DOT-COM	MET 0 1	1 1	l 1 ,	1 1		
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. 4 .	<u> </u>	.0.3	BY	2		COHOL MAI HER DRUG	RIJUANA	1	1 1 1	. 1 1 1 1					
UNIT#	NAME: LAST, FI				<u> </u>	IILK DIOG	**************************************			DATE OF BIRTH		AGE	GENDER		
		•													
ADDRESS	L : STREET, CITY, STA	TE, ZIP	.,						CONTACT PHONE - INCLUDE AREA CODE						
HOR															
ADDRESS NO.	INJURED E	MS AGENCY (NAME)		INJURED T	AKEN TO:	MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	DOT-COM	APLIANT	G POSITION AIR BAG USAGE EJECTION TRAPPED				
ON /	BY LJ						L L MC HELMET				J				
OL STATE	OPERATOR LI	CENSE NUMBER		OFFENS	SE CHAR	GED	LOCAL CODE	OFFENSE DES	CRIPTION CITATION NUMBER						
			1						ALC:	OHOL TEST		DRUG TEST(S	3		
OL CLASS	SELECT UP TO 2	RESTRICTION SELECTU	DIS BY	IVER TRACTED	-	HOL / DRUG SUSP .cohol		CONDITION		PE VALUE	STATUS		T SELECT UP 104		
L.,,	 		`.		ОТ	HER DRUG		<u> </u>	J	•	J				
1 1 1 1 1 1 1 1 1	URIES	SEATING POSITION		AIR BAG		OL CLAS	S	OL RESTRI		DRIVER DISTRA	CTION	TEST ST	ATUS		
1 - FATAL 2 - SUSPECTEI	SERIOUS INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEI 2 - DEPLOY	100000000000000000000000000000000000000		1 - CLASS A 2 - CLASS B		1 - ALCOHOL INTE 2 - CDL INTRASTA	147.1 484.	1 - NOT DISTRACTED 2 - MANUALLY OPERAT		1 - NONE GIVEN 2 - TEST REFUSED			
3 - SUSPECTE	MINOR INJURY	2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE	3 - DEPLOY			3 - CLASS C		3 - CORRECTIVE L		ELECTRONIC COMMUNICATION 3 - TEST GIVEN, CONT. DEVICE (TEXTING, TYPING, SAMPLE / UNUSAB					
4 - POSSIBLE I 5 - NO APPARE		4 - SECOND - LEFT SIDE	4 - DEPLOY	(ED BOTH FRO Plicari e	ONT/SIDE	4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER 5 - EXCEPT CLAS		DIALING)					
		(MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE		MENT UNKN	DWN	5 - M/C MOPED ONLY 6 - NO VALID OL		6 - EXCEPT CLAS & CLASS 8 BU	SA	COMMUNICATION DEVICE 5 - TEST GIVEN, RESULTS					
1 - NOT TRANS	PORTED	6 - SECOND - RIGHT SIDE						7 - EXCEPT TRAC		4 - TALKING ON HAND-I COMMUNICATION DI		ALCOHOL TI	ST TYPE		
/TREATED	AT SCENE	7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJI	ATECATION ECTED	79457	OL ENDORSE H - HAZMAT	MENT	8 - INTERMEDIAT Restriction		ALCOHOL RES					
3 - POLICE		8-THIRD-MIDDLE	1.0	LLLY EJECTED		M - MOTORCYCLE		9 - LEARNER'S P	ERMIT	2_R1000					
9-OTHER/UN	IKNOWN	9 - THIRD - RIGHT SIDE 10 - Sleeper Section	3 - TOTALL 4 - NOT AP	terior de la companya de la company		P - PASSENGER N -TANKER		RESTRICTION 10 - LIMITED TO D		7 - OTHER DISTRACTIO INSIDE THE VEHICL		4 - BREATH			
	EQUIPMENT	OF TRUCK CAB 11 - Passenger in Other	34,0x. <u> </u>			Q - MOTOR SCOOTER		11 - LIMITED TO E		8 - OTHER DISTRACTIO	N OUTSIDE	5-OTHER			
1 - NONE USE	D Belt only used	ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS,	1 - NOTTR	RAPPED		R - THREE-WHEEL N	OTORCYCLE	12 - LIMITED – OT 13 - MECHANICAL	Y ji ta Barra i silaha	9-OTHER/UNKNOWN		DRUG TEST TYPE			
3 - LAP BELT		PICK-UP WITH CAP)	2 - EXTRIC	CATED BY		S - SCHOOL BUS T - Double & Tripl	E TRAILERS	(SPECIAL BRA	AKES, HAND	CONDITIO	1 - NONE ITION 2 - BLOOD				
A 65% A 50%	4. SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED CARGO AREA		3 - FREED	ANICAL MEAN By	3	X - TANKER / HAZMA	NT.	ADAPTIVE DE	VICES)	1 - APPARENTLY NORM	6	3 - URINE			
FORWARD	FORWARD FACING 13-TRAILING UNIT NON		NON-M	ECHANICAL N	1EANS	GENDE	R	14 - MILITARY VE	1.0	2 - PHYSICAL IMPAIRM 3 - EMOTIONAL (E.G., DE		4-OTHER	<u> 44 48</u>		
6 - CHILD RES Rear fact	TRAINT SYSTEM – NG	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)				F-FEMALE M-MALE		AIR BRAKES 16-OUTSIDE MIR	ROR	ANGRY, DISTURBED) 4 - ILLNESS		DRUG TEST 1 - AMPHETAMIN	to a continuous of		
7 - BOOSTER	4 4 4 4	15 - NON-MOTORIST 99 - OTHER/UNKNOWN				M - MALE U - OTHER / UNKNOW	/N	17 - PROSTHETIC	化二甲二甲基二烷 化二	5 - FELL ASLEEP, FAIN	TED,	2 - BARBITURATE			
	VE PADS USED	TO STREET DIRECTOR						18-OTHER		FATIGUED, ETC. 6- UNDER THE INFLUE	NCE	3 - BENZODIAZER			
(ELBOW, K 10 - REFLECTI	NEES, ETC.) VE CLOTHING									OF MEDICATIONS/I		4 - CANNABINOID 5 - COCAINE	,		
11 - LIGHTING	- PEDESTRIAN									9- OTHER / UNKNOWN		6 - OPIATES / OPI	2010		
/ BICYCLE 99 - OTHER/ U											7 - OTHER 8 - NEGATIVE RE	SULTS			

OCCUPANT / WITNESS ADDENDUM							LOCAL REPORT NUMBER						
~								2 0 2 2	<u>- 0 0 </u>	0,0,8	3 9	5	
	UNIT#		FIRST, MIDDLE						OF BIRTH		AGE	GENDER	
	02		ENS, ANTHON		1,/,19		4	<u>M</u>					
		STREET, CITY, S	•	CONTACT PHONE	- INCLUDE AREA COD	E :							
3		INJURED	IR RD ,NORT EMS AGENCY (NAME)	1	SEATING POSITION	AIR RAG HSAGE	FIFCTION	TRAPPED					
ı	5	TAKEN BY	LING ABERCY (NAME)		INJURED TAKEN TO: Medical Facilit	T (ROANIE, CLITY	SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT	0 3	. 1 1 .	. 1	1 1 .	
2	UNIT #	NAME: LAST	, FIRST, MIDDLE	1 2 2 4	da je ta krij jest, a s			السحديين	OF BIRTH		AGE	GENDER	
									1/1				
3	ADDRESS: STREET, CITY, STATE, ZIP								- INCLUDE AREA COL	DE		<u> </u>	
									. L	L1			
3	INJURIES	INJURED TAKEN	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACILIT	Y (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
Į	<u></u>	ВУ						MC HELMET			AGE GEN R BAG USAGE EJECTION TRAF R BAG USAGE OYED D FRONT D SIDE D BOTH DE LICABLE		
	UNIT #	NAME: LAST	, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER					
	<u></u>										<u>لـلـل</u>		
á	ADDRESS:	: STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE			
	INJURIES	INJURED	EMS Agency (NAME)	·····	INJURED TAKEN TO: Medical Facili	TY (NAME MITY)	SAFETY EQUIPMENT	· I	SEATING POSITION	AIR BAG IISAGE	EJECTION	TRAPPEN	
	INCONIES	TAKEN BY	ENO ASSIGN (NAME)		MOUNTED TANKER TO, MEDICAL TABLE	IT CHOCKE, CITTY	USED	DOT-COMPLIANT MC HELMET		. All DAG COAGE		,	
2	UNIT #	NAME- LAS	T. FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER	
	OHII #	WAINE: LAG	, TROI, MIDDLE					/	. /		1		
ÄNT	ADDRESS	DDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
OCCUPAN													
ō	INJURIES	INJURED TAKEN	EMS Agency (NAME)	***************************************	INJURED TAKEN TO: MEDICAL FACILI	TY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
		8Y						MC HELMET			L	<u> </u>	
	3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY 1 - NOTTRANSPORTED			3 - LAP BEL 4 - SHOULDI 5 - CHILD RI FORWAR 6 - CHILD RI REAR FA 7 - BOOSTEF 8 - HELMET 9 - PROTEC (ELBOW, 10 - REFLEC	R SEAT USED TIVE PADS USED KNEES, ETC.) TIVE CLOTHING G – PEDESTRIAN E ONLY	3 - FROM 4 - SECO (MOT 5 - SECO 6 - SECO 7 - THIR (MOT 8 - THIR 10 - SLEE 11 - PASS CARC BUS, 12 - PASS CARC 13 - TRAI 14 - RIDI (NOM	1.15年前,1966年初,日本日本	A - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE IDE E CAR) 1 - NOT EJECTED 1 OF TRUCK CAB HER ENCLOSED TRAILING UNIT, AP) IENCLOSED 1 - NOT APPLICABLE 3 - TOTALLY EJECTED 4 - NOT APPLICABLE TRAPPED 1 - NOT TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANIC MEANS					
Ī	NAME: L/	AST, FIRST, MID	DLE					DA	TE OF BIRTH	1, 1 (1 - 1, 1) (1 - 1, 1) (1 - 1, 1)	AGE	GENDER	
113.55									/	<u> </u>			
WHE	ADDRESS	S: STREET, CITY	, STATE, ZIP					CONTACT PHON	E - INCLUDE AREA (CODE			
								L	TE OF BIRTH	1	AGE	GENDER	
S.	NAME: LAST, FIRST, MIDDLE							, , /	/	, , ,	AUG.	GENDER	
WAS N	ADDRESS: STREET, CITY, STATE, ZIP								CONTACT PHONE - INCLUDE AREA CODE				
Ú	NAME: L	AST, FIRST, MID	DLE					DA	TE OF BIRTH		AGE	GENDER	
1	Annere	S: STREET, CIT	V STATE 71P				-	CONTACT PHON	F - INCLUDE AREA	CODE			
144.1	WADKE 9:	o. oracci, off	y o mi by bit					JOHINGI FROM	- INVLUUE AREA	i i	, ,	į 1	